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CONFIRMATION NO. 5306

Bib Data Sheet

SERIAL NUMBER 09/834,110	FILING OR 371(c) DATE 04/12/2001 RULE	CLASS 424	GROUP ART UNIT 1632	ATTORNEY DOCKET NO. 265.0009 0101
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/196,806 04/13/2000
and claims benefit of 60/232,301 09/12/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/06/2001

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

ADDRESS

26813

TITLE

TREATMENT OF DISORDERS BY IMPLANTING STEM CELLS AND/OR PROGENY THEREOF INTO GASTROINTESTINAL ORGANS

FILING FEE RECEIVED 898	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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